STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395345	A. BLDG: 00 B. WING:	05/30/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
MAPLE RIDGE REHABILITATION & HEALTHCARE CENTER STATE LICENSE NUMBER: **381402**	**615 WYOMING AVENUE KINGSTON, PA 18704**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated Complaint survey completed on May 30, 2023, at Maple Ridge Rehabilitation and Healthcare Center it was determined that there were no deficienciwas cited under the requirements of 42 CFR Part 483 Subpart B Requirements for Long Term Care Facilities, but the facility was not in compliance with the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 2020		P 2020		

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P 2020	Continued from page 1 § 211.12(i) Nursing services. (i) A minimum number of general nursing care hours shall be provided for each 24-hour period. The total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 2.7 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 2020	Please note that the filing of this Plan of Correction does not constitute any admission to the alleged violations set for in the statement of deficiencies. This Plan of Correction is being filed as evidence of the facility's continued compliance with all applicable laws. 1. The facility cannot retroactively correct the issue cited. 2. The NHA / designee will conduct an audit of the past 1 week of staffing hours to ensure the nursing hours met the regulation requirement. 3. The NHA / designee will re-educate the Scheduler, Human Resources, and Director of Nursing on the regulation requirements for nursing hours.	Completion Date: **06/26/2023** Status: **APPROVED** Date: **06/13/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 2020	Continued from page 2	P 2020	4. The NHA / designee will audit the nursing staffing hours to ensure facility is meeting the regulatory requirement. The audits will be completed five times per week for four weeks then monthly for two months thereafter. Results of the audits will be reviewed at Quality Assurance Committee and changes will be made as necessary.	

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P 2020	Continued from page 3 Based on a review of nurse staffing hours and resident census and staff interview, it was determined that the facility failed to consistently provide the minimum general nursing care hours to each resident daily. Findings include: A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum nurse staffing of 2.7 hours of general nursing care to each resident: May 27, 2023 - 2.67 nursing hours per resident per 24 hours May 29, 2023 - 2.64 nursing hours per resident per 24 hours On the above noted dates, the facility failed to provide the minimum of 2.7 hours of direct nursing care daily for each resident.	P 2020		

Certified End Page

MAPLE RIDGE REHABILITATION & HEALTHCARE CENTER

STATE LICENSE NUMBER: 381402

SURVEY EXIT DATE: 05/30/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY